

Foster Family Home - Corrective Action Report

Provider ID: 1-180016

Home Name: Marilyn Lopez, NA

Review ID: 1-180016-2

91-1206 Hanaloa Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 3/1/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 3/1/19. PCG requests a 1 year certification.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 bed certification.

David Ayling
Compliance Manager

Marilyn P. Lopez
Primary Care Giver

3/1/19
Date

03/01/19
Date